Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 1 of 114

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	1 1
Participant's Name:	Brendelis Pineiro Torres
Participant's Address:	Urb. Une Des Calle 14 D-23 Ischela
Participant's Email Address:	brenda aque Vahoo com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	38-0 (1/2-155); 1
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283 - LTS
Nature of Claim:	Dromesa Title 111
By: Brenda 1/2 Print Name	Pineiro Torres RECEIVED & RE
Funcionari Title (if Participant is	o Administrativo not an individual)
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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Pro se Notices of Participation Page 3 of 114

Participant must provide all of the information below in English:

1. Participant's confirmation if any:	ontact information, including email address, and that of its counsel,
Participant's Name:	Charlene S Oliverns de Jesus
Participant's Address:	11127 Cyrilla Woods Dr OHando Fl 32832
Participant's Email Address:	charlene Oliveras 33 Damail. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	1596
Nature of Claim:	Administración Sistemes Retiro y Julicana
By: Signature	Debts 7 = \$ 75,000.00
Print Name	Soliums Section 5
Title (if Participant is r	not an individual)
8-10	
Date	

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 5 of 114

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

1.

if any:	
Participant's Name:	Ileana Colon Del Hoyo
Participant's Address:	Villa Andalucia N. Sio Alara Son Ju
Participant's Email Address:	colon.ileana 33 egmail com
Name of Counsel:	·
Address of Counsel:	
Email Address of Counsel:	9 · · · · · · · · · · · · · · · · · · ·
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	107858
Nature of Claim:	Siskma Retiro ELA
By: Heona	-66
Signature I/eana (olon
Print Name	olon RECEIVED
Title (if Participant is	
Date	

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SAN JUAN PR 009

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

ii aliy.	
Participant's Name:	Yarmin Colon Solivan
Participant's Address:	urb. El Plantio Calle Ceiba D-1 ToaB
Participant's Email Address:	yazmin-tacia hotmail.com
Name of Counsel:	
Address of Counsel:	Carco Kiric
Email Address of Counsel:	
2. Participant's Cl	aim number and the nature of Participant's Claim:
Print Name Title (if Participant is n	Pension / Metiree Claims Solivan Soli

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Colon Solivan

Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 9 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name:

José A CANNEN NESTO

Participant's Address:

Carrion 19550 gchoo. con

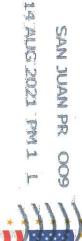
Carrion 19550 gchoo. con Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: Print Name Title (if Participant is not an individual)

RECEIVED & FILED TO BOX 12 CHERK'S OFFICE U.S. DISTRICT COURS SAN JUAN. P.K.

CENTS OFFICE

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc Pro se Notices of Participation Page 11 of 114

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: Participant's Name: WE HLO HI 96720.1616 Participant's Address: Participant's Email Address: NOT PETRESENTED BY COUNSEL Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 74514 LTU1 Claim Number: Nature of Claim: Signature A PICKART Print Name Title (if Participant is not an individual) Date

Douglas A Pickarts 894 Ainako Avenue Hilo, Hawaii 96720-1616

HONOLULU HI 967



Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 13 of 114

Participant must provide all of the information below in English:

Participant's contact information, including émail address, and that of its counsel,

if any:	
Participant's Name:	Venónica Amador Colón
Participant's Address:	#13 calle 19 Unb 61 Cortijo Bayamin P.R. 00956
Participant's Email Address:	amador veronica 14 Euphoo-com
Name of Counsel:	N/A
Address of Counsel:	NA
Email Address of Counsel:	N/B
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	178960
Nature of Claim:	Public Employee and Pension Retires Claims
By: Veronica Amas Signature	der Colon SAN JUAN SAN J
Print Name	क हैं
Version Amag Title (if Participant is	not an individual)
August-13-	2021

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc Pro se Notices of Participation Page 15 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:					
Participant's Name:	Vernica Amad	lor Colon			
Participant's Address:	813 calle 19 Uni	b & Cortijo Ba	yamont	2R-00	956
Participant's Email Address	: amadorvennica	4 Qyahoo-cor	n		a) 42
Name of Counsel:	NA				
Address of Counsel:	NIA				
Email Address of Counsel:	N/A		87		
2. Participant's	Claim number and the n	ature of Participant	s Claim:		
Claim Number:	178960				
Nature of Claim:	Public Employee	and Pension	Retir	ee Cl	aims
By: Visouca and Signature			, <u>, , , , , , , , , , , , , , , , , , </u>	3 2	
Print Name	ador Colon		SAN JUA	CEIVED &	
Title (if Participant is	*		The same and	₽ •	71
August 13	3,2021		The state of	0	

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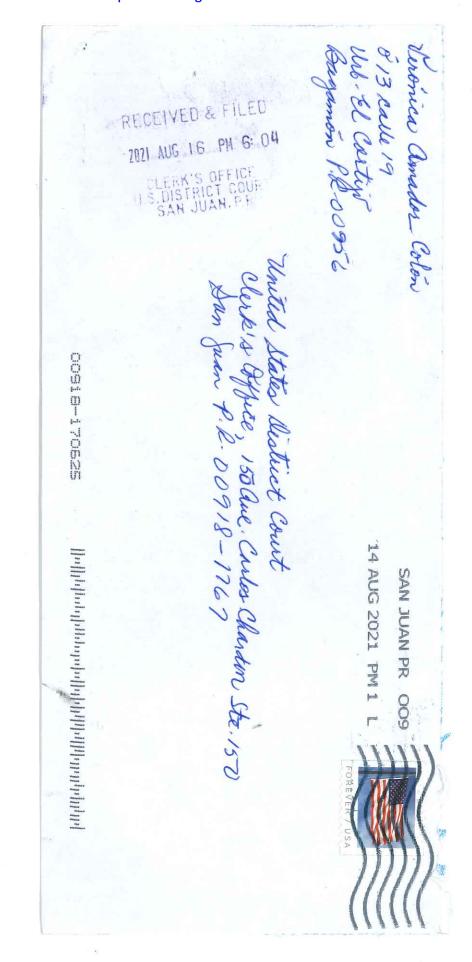
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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Verónica Amador Colón
Participant's Address:	& 13 calle 19 Urb. El Cortijo Bayamis P.R. 00956
Participant's Email Address:	amadorveronica 14 Qyahoo- com
Name of Counsel:	N/A
Address of Counsel:	W/A
Email Address of Counsel:	N/A
2. Participant's	Claim number and the nature of Participant's Claim 9
Claim Number:	178960
Nature of Claim:	Rublic Employee and Pension Retiree claims
By: <u>Veronica ama</u> Signature	dor Colon
Vervinica Ama Print Name	dor Colon
Title (if Participant is	s not an individual)
August 13	, 2021
Date	



Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 19 of 114

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of i	ts counsel,
if any:	_
Participant's Name: Dahlia H. Sellés - Lalesi	0.7
Participant's Address: 19 Calle 2, La Campiña, San Ja	an 4,14,
Participant's Email Address: Selles 45@ gahor com	
Name of Counsel:	
Address of Counsel: W A	~ ~
Email Address of Counsel:	88
2. Participant's Claim number and the nature of Participant's Claim:	03 NED
Claim Number: 17 BK 3283 - LTS	2° =
Nature of Claim: Bankrupcy	99 (7)
By: Signature .	para Appal dan
Dahlia A. Selles - Infesias Print Name	
Title (if Participant is not an individual)	
Date 13, 2021	

SanJuan, T.R. Danlia Selles RECEIVED & 7021 AUG 16 PM 6: 05 CLERK'S OFFICE S.DISTRICT COUR S.AN JUAN, P.R. 00918-170625 0 United States)ffice 14 AUG 2021PM 1 L SAN JUAN PR 009 arlos D. D. الله المالية ا istrict Court Ste 150 Freedom FOREVER H

Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Pro se Notices of Participation Page 21 of 114

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1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

ii any.	
Participant's Name: John Tempesta	
Participant's Name: John Tempesta Participant's Address: 35 Lost Mine PL Ridefield CT (968
Participant's Email Address: John Tempesta al Comcast net	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 17 BK 3283 - LTS	
Nature of Claim: Debtons Plan of Adjustment	
By: Joh Semperle Assess & The	Desert a S
or see Signature residence word now USBS OF resident's gradual ration and that ISBS 5 -5 -5	
Print Name	
S B	
Title (if Participant is not an individual)	
8/11/2021	
Date	

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Pro se Notices of Participation Page 23 of 114

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: SALLY B WEISLEDER
Participant's Address: 422 SOUTH HARBOR DR. KEY LANG
Participant's Email Address: SALLY WEISLEDER OME, COM FL 33037
Name of Counsel: SANDRA LYNN
Address of Counsel: TBARRECUDA LANE KEY LANGO EL 3323 Email Address of Counsel: A STURNER LYNN @ GMAIL. 6009
Email Address of Counsel: A STURNER LYNN @ GMAIL. 6009
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17-32.83
Nature of Claim: By: Signature SALLY B WEISLESER Print Name
Title (if Participant is not an individual) August 12, 2021 Date

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Participant must provide all of the information below in English:

 Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: <u>Javier Mercado Rivera</u>
Participant's Address: 2412 Black Powder Ln Kissimmee FL 34743
Participant's Email Address: fa mercado Cohot mail Com
Name of Counsel: Lic Ivonne Gonzalez Morales
Address of Counsel: P.O. Box 9021828, San Juan PR 00902-1828
Email Address of Counsel: Ivanne gmaprwinet
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17BK 3283-L75 - 50221
Nature of Claim: Joint Administered-Salary Atjustment
By: Signature
Squier Mercado Rivera
Print Name
Title (if Participant is not an individual)
Date
<u>Instructions for Filing Notice of Participation</u> : If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in <i>In re Commonwealth of Puerto Rico</i> , Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.
Jeannette Abrams Diazetc. US. DTOP
Case # KAC2005-5021-Tribunal de Santnan

2021 AUG 18 United States District Cour Clerk's office So Ave. Chardon Ste. 150 Sun Juan PR 00918-1767

2412 Black Powder Cn

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 27 of 114

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

ii any:					
Participant's Name:	Efrain	Acevedo Paga	n I I I I I I I I I	Hall.	· ·
Participant's Address:	urb. Har	riolga calle San	Joaquin W	-25 Cag	jues, P. R. O
Participant's Email Address:	eacev	edoegurabopr.	COM		
Name of Counsel:		/			
Address of Counsel:					
Email Address of Counsel:					
2. Participant's Cl	aim numbe	r and the nature of Par	ticipant's Claim	ι:	
Claim Number:	Lames	90373		TO THE STATE OF TH	1
Nature of Claim:	Pen	sion / Retiree	claims		Q)
By: Efrai And.	Paga	National Control of the Control of t	SPOS	OEIV	
Signature	10.			5 E	
Efrain Aceved	la Pagar	1	- FEE	PH 6: 0	
			Section 1 To	S E	
Title (if Participant is r	ot an indivi	idual)			
August 11, 2 Date	021	_			
Date					

Caguas, urb. Mario P.R. 60725 calle San Joaquin W-25

San Juan, P.R. 00918-1767 150 AVE. Carlos STATES Chardon Ste

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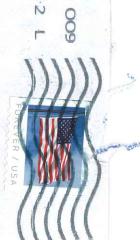
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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 29 of 114

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

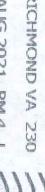
1.

if any:			
Participant's Name:	Maria In Con	leso Perez	91
Participant's Address:	1810 Bracken Rd, N	Chesterfield, VA	73734
Participant's Email Address:	mercy corderopa yahi	00·com	51
Name of Counsel:	* · · · · · · · · · · · · · · · · · · ·		
Address of Counsel:		,	
Email Address of Counsel:			H ₂ .
2. Participant's Cla	im number and the nature of Par	ticipant's Claim:	799
Claim Number:	92473	* * *	
Nature of Claim:	Empleados Publicos	y Pensión/Jubi	lación
By: Mano M. Cord Signature	no Pérz	SAN SAN SAN	RECE
Maria M. Con Print Name	dero Perez	UANUAN AND AND AND AND AND AND AND AND AND A	YED &
Tid (CD: 1)		P. COUR	
Title (if Participant is no	t an individual)	20	8
Date			***

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San Juan, P. R. 00918-1767 50 Ave. Carlos Chardon Ste. 150 Inited States District <u> ԱվիլԱրդոկիայի իկերիրերի իրերի հիրերի հ</u>

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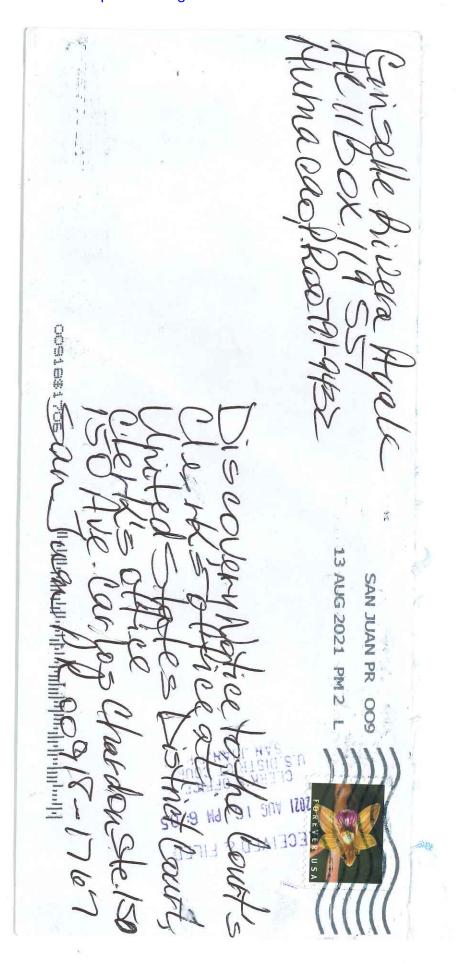


Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc Pro se Notices of Participation Page 31 of 114

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any: Alie alle Buston Augle
Participant's Name:
Participant's Address: HUMBOX 11905 Humalcootkoo
Participant's Email Address: anselle-tiveracyala 50 6 yaha. a
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim:
By: Stillekeuledly all
Enzelle Divera Ayala
Print Name
Title (if Participant is not an individual)
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Instructions for Filing Neality with the Court on the docket using the CM/ECF docket event Notice must be filed electropate in Discovery for Commonwealth Plan Confirmation, in In re of Intent to Partith of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Pro se Notices of Participation Page 33 of 114

Participant must provide all of the information below in English:

 Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Participant's Address: Participant's Email Address: Participant's Name: Participant's Name: Participant's Name: Participant's Name: Participant's Address: Participant's Email Address: Par
Participant's Address: Paseo Trébol # Fi Urb-Jard de Ponce; Ponce, P.R.
Participant's Email Address: va fael 95048@hotmail.eom
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Vature of Claim: Duney \$ 40,000 Employment Retirement System
By: Lunout
Signature D 1 1 0 0 - 2
Rafael A. Quinones Soto Print Name
290 - 80 / 32 -
Title (if Participant is not an individual)
August 2/2021
Date '

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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United States District Court Clerk's Office 150 Ave Carles Chardon Ste 150 San Juan, Puerto Rica 00918-1767





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Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Title (if Participant is not an individual)

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 37 of 114

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Luis C. tranceschini	
Participant's Address:	P.O. Box 10108 Son Jule-franceschini @ hota	ion PR 00922-010
Participant's Email Address:	1c-franceschini (hota	nail. Com
Name of Counsel:	<u>Pageoreals as the control of the co</u>	<u> </u>
Address of Counsel:		
Email Address of Counsel:		
2. Participant's C	laim number and the nature of Particip	oant's Claim:
Claim Number:	27408	
Nature of Claim:	Pension Retiree	Claims
By: Amslails from	usedini	RECEIV DIN AUG U.S.LUIS
Signature	7	SALE BE
Luis Carlos to	anceschini	SERVICE EN EN
Print Name	The state of the s	200 B 20
Title (if Participant is a	not an individual)	9 6
Date Date		

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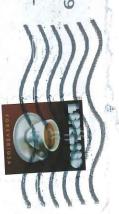
CLERK'S OFFICE
U.S. DISTRICT COURS
SAN JUAN, P.F.

Sr. Luis Franceschini PO Box 10108 San Juan, PR 00922

00918-170525

United States District Court Clerk's Office 150 Ave Carlos Chardon Ste 150 San Juan PR 00918-1767

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 39 of 114

Participant must provide all of the information below in English:

 Participant's cor if any: 	ntact information, including email address, and that of its counsel,
Participant's Name:	Olga Lopez MARTINEZ Urb. Aponte L-8 Calle 10 CAYEY, PR 00736
Participant's Address:	CAYEN, PR 00736
Participant's Email Address: _	NA
Name of Counsel:	N/A
Address of Counsel:	N)A
Email Address of Counsel: _	N/A
2. Participant's Cl	aim number and the nature of Participant's Claim:
Claim Number:	107482
Nature of Claim:	Bankrupcy Case No. 17-BK-3283-LT
Signature	Bankrupcy Case No. 17-BK-3283-LT
Olga López Print Name	Martinez SAN THINES SAN THIN
Fillit Ivaille	RAP P
Title (if Participant is n	not an individual)
8/13/2	021
Date	

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J.S District Court Clerk's Office 150 Ave. Carlos Chardon Ste. San Juan, PR 08918-1767



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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: MARIE C. CRESO, SEDA
Participant's Address: Orb. 8x4. O'NEILL C-2 SAFEET J-7 MANAN
Participant's Email Address: <u>crespi marie a gracii l. Com</u>
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim: By: Signature Redirec claims Signature
Print Name
Title (if Participant is not an individual)
Date 2021

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Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: B16 3283-LTS Nature of Claim: omerazo Law By: Signature Print Name Title (if Participant is not an individual) Date

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 45 of 114

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: Elsa Lopez Arce Participant's Name: 122 Urb. San Rafael Anecibs PR. 00612 Participant's Address: Participant's Email Address: Kike 8792 8 yahoo .com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 17 BK 3283 - LTS Claim Number: Nature of Claim: By: Print Name Title (if Participant is not an individual) Date

122 San Pablo Wrb. San Rafael Arecibo Procen Lipper Hrice

San Juan, PR 00918-1767

Owe, Carlos Chardon Ste 150

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 47 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

II ally.					
Participant's Name:	Sylvia Dra	oz Biver	9		(2
Participant's Address:	2639 el Johos	Apt. 39 F	Donee,	P.R.	007/7
Participant's Email Address:	sylvalroz a	Jyahoo. ea	om		
Name of Counsel:			6		
Address of Counsel:					
Email Address of Counsel:	8				
2. Participant's Cl	laim number and the na	ture of Participan	t's Claim:	7021	RECEIV
Claim Number:	1	¥1	S PER S	AUG	E A
Nature of Claim:			1000 1000 1000 1000 1000 1000 1000 100	5	8
By: Signature	z Rielya		स्डिन	PM 5: 5	
Sylvia Dro	2 Rivery			යා	1
Title (if Participant is n	ot an individual)				
Date 13 agosto	12021				

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 49 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: ENRIQUE TORRES ROMAN Participant's Name: 122 URG SAN BAFAR ARECIBOP. ROOGIZ Participant's Address: Participant's Email Address: Kikt 8792 & yahoo.com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Title (if Participant is not an individual)

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CLERK'S OFFICE
U.S. DISTRICT COURS
SAN JUAN, P.F.

Clerk's Office

150 ave Carlos Chardon Ste. 150

San Juan, PR 00918-1767

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22 Urb. San Ratuel
Calle San Pablo
Rrecibo PR. 80672

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 51 of 114

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	PEDRO JUAN BERRÍOS SANTIAGO
Participant's Address:	P.O. BOX 482 VIIIAIBA, P.R. 00766
Participant's Email Address:	pedri _ 98 @ ya noo. com
Name of Counsel:	No
Address of Counsel:	No
Email Address of Counsel:	No
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	166557 ET. AL
Nature of Claim: By: Pedro Luan Signature PEDRO SUAN Print Name No Title (if Participant is AUGUST 10, Date	UAN, PHO

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc Pro se Notices of Participation Page 53 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name: Cormen Julia Negron Rivera

Participant's Address: Web. Vis to Alegie Colle Diquideos 318 Villalba, P. R. 00766

Participant's Email Address: Negron covments Ogmil.com

Name of Counsel:

MA

Address of Counsel:

Participant's Claim number and the nature of Participant's Claim:

Claim Number:

94849

Nature of Claim:

Unpaid wages by the government of P. R.

By: Loamen Julia Nagron Rivera

Print Name

Title (if Participant is not an individual)

August 11, 2026

I ba P. R. 00766 Negron Kiveva

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San Juan, P. R. 00918-

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 55 of 114

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Cavmen Julia Negran Kiveva	
Participant's Address: Wb. Vista Alegre Calle Organideas 318 Villalba ,	P. 50166
Participant's Email Address: <u>Negron cormen 16 Ogmail.com</u>	e d
Name of Counsel: N/A	
Address of Counsel: N/A	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: #104693	
Nature of Claim: Un Paid Wages by the government of	0. R
Claim Number: #104693 Nature of Claim: Un Paid Wages by the government of I By: Larnun Julia Negrai Rowra Signature	Sa.
Signature	REC
Carmen Julia Negron Rivero	VECEIV
Print Name	5
Title (if Participant is not an individual)	
A Company of the Comp	ë
August 11, 2021	

Calle Orquideas 318
Villa 16a, P. R. 20766

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Pro se Notices of Participation Page 57 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: Participant's Name: Enrique Torres Roman

Participant's Address: P22 Calle San Pablo, Ut S. Rafall, Area

Participant's Email Address: 12ike 87929 yahoo-com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Title (if Participant is not an individual)

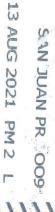
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CLERK'S OFFICE
S.DISTRICT COUR
SAN JUAN. P.F.

Enrique Torres Roman 1722 Urb. San Rastrel 1722 Urb. San Pablo Calle San Pablo arecibo, Rec. 00612

United States District court
Clerk's office
150 ave. Carlos Chardon
150





Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 59 of 114

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, a if any:	nd that of its counsel,
Participant's Name:); Merlez
Participant's Address:	venas 10,00729
Participant's Email Address: <u>gelica 52 Rya 200. Con</u>	M
Name of Counsel:	
Address of Counsel:	74
Email Address of Counsel:	<u></u>
2. Participant's Claim number and the nature of Participant's C	Claim:
Claim Number: + 17 BK - 3283 - LTS	
Nature of Claim: Derdon del Dept. Cou cours. By: Signature	Par Vacaciones
Mana Angelica Tids Print Name	RECEIVED RECEIVED RECEIVED RECEIVED SAN JU
Title (if Participant is not an individual) 12 as ds +0 2024 Date	D & FILED 6 PM S: 59 UAN, PM

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc Pro se Notices of Participation Page 61 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:	
Participant's Name:	Juan Carlos Falcon Lopez
Participant's Address:	URb. Jacqquax 102 calle 1 Juana Diaz P.R.
Participant's Email Address:	jcflis@hotmail-com
Name of Counsel:	I do not have a Counsel.
Address of Counsel:	N/A
Email Address of Counsel:	NA
2. Participant's (Claim number and the nature of Participant's Claim:
Claim Number:	17BK3283-LTS
Nature of Claim:	I am retired from Correctional Administracion
By: Juan Carlo;	Folion hops
Tuan Carlos i	Palcoil Lopez
Title (if Participant is	√
August, 13	2021

JUDAG DIAZ P.R. 00785 Tacqquax calle 14102

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SAN JUAN, P. A. 00918-1767 Office, 150 Ave. Carlos Chardon Ste. 150

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc Pro se Notices of Participation Page 63 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Edgar Colon Pagan
Participant's Name: Edgar Colon Pagan 39th, block MM-1 Urb, Villas de Loiza Canovanas, Puerto Rico 00729
Participant's Email Address: eggie 777 cp @ yahoo. com
Name of Counsel: Idon't have counsel or resources to pay it
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: #24/23
Nature of Claim: Public Employee and Pension Reture Claim
Claim Number: # 24123 Nature of Claim: Public Employee and Pension Retire Claim By: Edgar Colon Signature
Print Name
Title (if Participant is not an individual)
Date August 9, 2021

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CLERK'S OFFICE S. DISTRICT COUR SAN JUAN, P.F. alle 39 Blg mm-1 illas de Loiza anóvanas P.R. 20729

Or United States District Count Clerk's Office

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San Juan, P. R. 009918-1767

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 65 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Promeso Title 11-No. 178K 3283-475

By:

Print Name

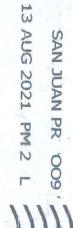
Title (if Participant is not an individual)

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Juon 1 102 P B-00 795 HC-01-Box 4665 Barrio Quayabo Sector Quevas

Cintron Sonches Alfredo

Son Juan PR. 00918-1767 United states District Court of Officer 150 Ave. Carles Charden Ste





Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc Pro se Notices of Participation Page 67 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Wilfredo Velazquez Participant's Name: Participant's Address: Wilfredo - ir a ho Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 66840 Claim Number: etiree Claims Nature of Claim: Print Name Title (if Participant is not an individual) 13-agosto -2021

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 69 of 114

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Rubelisa Zayas Rosand
Participant's Address:	Rubelisa Zayas Rosand P.O. Box 1342 Orawis, P.R. 00720
Participant's Email Address:	·
Name of Counsel:	
Address of Counsel:	,
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim: (178K3263
Claim Number:	170806-170828
Nature of Claim: By: Signature RUBEUSA 2AYA	PUBLIC EMPLOYEE AND PETTON RETT
Print Name	not an individual) RECEIVE SANSTRUCTOR OF THE CEIVE OF
Title (if Participant is	not an individual)
August 13 Date	, 2021 2000 6 P

P-0-BOX 13 42 OROWUIS, P.R. 0072 00

RUBELISA ZAYAS

United States District Court Clerk's office

50 Ave. Carlos Charden Ste 150

500 Juan, Prento Rica

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 71 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: GRISEL da MOLL Martí NE	2
Participant's Address: URb Valle atto Calle Con Co Participant's Email Address: grise 10170 quait 600	λy
Participant's Email Address: <u>Qrisele 2017@ qmail « CO M</u>	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 46615	
Nature of Claim: Retirement Systems Pension) r
Nature of Claim: Retirement Systems Pension Chain By: Museka Mall Martiner	}
Signature	
GRISCIDA MOIL Marrinez Print Name	
N/A	
Title (if Participant is not an individual)	
8-13-21	
Date	

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 73 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Carmen R. Mercado Vieves
Participant's Address:	43-17 35 street Villa Carolina, Carolina P.R.
Participant's Email Address:	Crm 18649 @ g mail. com
Name of Counsel:	NA
Address of Counsel:	NA
Email Address of Counsel:	NA
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	40812
Nature of Claim:	Refirement Systems Pension Claim
By: Clamer Shures	do News
Signature	
Carnen R. Mei	rcado Vieves 3 A
Print Name	SADE A CE
NIA	
Title (if Participant is	not an individual)
08 /13 /2021 Date	

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 75 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

II ally.							
Participant's Name:	Centeno P. O Box	Alreb,	Enrique	_			-
Participant's Address:	P. O BOX	797, C	omeno p	Eer h R	ra o	0078	92
Participant's Email Address:	centeno-en	ique 502:	2 O genail	. com			-
Name of Counsel:	4/2	1					-
Address of Counsel:	×/2			<u> </u>			-
Email Address of Counsel:	N/a						- 12
2. Participant's C	Claim number and the	he nature of P	articipant's C	laim:			
Claim Number:	Mitigations	6					
Nature of Claim:	Mitigations	claim	, fulla	empi	oge	Cla.	m
By: Enngue Cul X	Thub.				202	200	
Enrique Cen Print Name	teno Alvelo			SAN J	2021 AUS 18	RECEIVED	t i
H/n				2 23	2		1
Title (if Participant is				조물료	PP の		10
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Discovery Watire to the Court's of United States Diotrict Court, Clerk's 150 Ave. Carlos Chardon Ste. 150 Son Juan 1 Puerto Rico 00918-1767 TENES OFFICE OISTURICE COUR SANGUAN, P.F. 00:9 BECEINED & FILED

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc Pro se Notices of Participation Page 77 of 114

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: Participant's Name: Participant's Address: Participant's Email Address: 249eily martine bot mai Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Title (if Participant is not an individual) Date

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 79 of 114

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 81 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Kennedy 718 Usb La Cumbre SJ, PR 18926 Participant's Address: Participant's Email Address: MMaguezC Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. BK 3283 - L Claim Number: Nature of Claim: By: Title (if Participant is not an individual)

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 83 of 114

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:
Participant's Name: Alan Salgado Mercado
Participant's Address: <u>#C-46 Box 6030 Dovado</u>
Participant's Email Address: Puerto Rico, 00646
Name of Counsel: Old the Couse that are working with
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 96373 (De reclaming a money that not paid for
Nature of Claim: many years for the teachers of Departement
By: Signature
Alan Salgado Mercado
Print Name
Teacher of the Departoment of Education of Title (if Participant is not an individual) Coberment of Puerto Rico
Title (if Participant is not an individual) Coberment of Puerto Rico
August 13, 2021 Date
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 85 of 114

Participant must provide all of the information below in English:

 Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Alan Salgado Mercado
Participant's Address: HC-46 Box 6030 Dorado
Participant's Email Address: Puer to Rico 00646
Name of Counsel: Old the Counsel that are working with
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 93261
Nature of Claim: we reclaiming a money that not paid tor Nature of Claim: many years to the teachers of separtomen
By: A Puerto Fico
Signature Signature
Alan Solgado Nevado Print Name
Teacher of the Separtoment of Education of Coberment
Title (if Participant is not an individual)
August 13, 2021 Date

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc Pro se Notices of Participation Page 87 of 114

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Participant's Name:

Participant's Address:

Participant's Email Address:

Vistos Flores @ gmail Com

Name of Counsel:

Address of Counsel:

Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Print Name

Retivement

Title (if Participant is not an individual)

Participant's Name

Participant's Claim is not an individual)

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SAN JUAN, PF

R. R. 12 Box 10040 Bayamon, P.R. 00956

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Clerk's Office 150 Ave. Carlos Chardon Ste. 150 San Juan, P. R. 00918-1767



SAN JUAN PR 009

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Dora Luz Montañez Rivera
Participant's Address:	Urb. Jard De Dorado H2 Calle 5
Participant's Email Address:	montanez dora 6 g maile com
Name of Counsel:	N/A
Address of Counsel:	N/A
Email Address of Counsel:	\sim
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	106325
Nature of Claim:	Departamento de Educación
By: Loca Mo Signature	ntaig Sala a Carrier
Dora Mont Print Name	añez Rivera
Title (if Participant is	
Date 2 agos	0 2021

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 91 of 114

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

1.

Lorna Echevarria Medina Participant's Name: Urb. Santa Elena N4 calle Ucar Grayanilla P.R 00656 Participant's Address: Participant's Email Address: _ chevadina _ girl @ hotmail.com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Lawsuit No. 17 BK 3283 - LTS regarding my retirement money. Nature of Claim: Lorna Echevarria Medina Print Name Title (if Participant is not an individual) Date

Urb. Sonta Elena Googanilla P.R ooleste N4 Calle Ucar L. Echevarria Medina United States District Court, Clerk's Office
150 Ave. Carlos Chardon Ste 150 &
San Juan P.R 00918-1767 Discovery Notice to the Court's Clerk's office 14 AUG 2021 PM 1 SAN JUAN PK COS

Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 93 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Flizarth Figuern Santing
Participant's Address: Cur. 561 Km 6'4 Bo. Vacas Lutor Moyate Participant's Email Address: P.O Box 371 Villallan, P.R. 00766
Participant's Email Address: P.O Bix 371 Villalby, P.R. 00766
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: ley 227 de ayasto de 2004 17BK3283 Nature of Claim: Aymento en exalus sa laviales
Nature of Claim: Aumento en exalus salariales
By: Enjury hy Cango Signature
Print Name
Enternacy Title (if Participant is not an individual)
Date Date

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Urb. La Vega C#70 Villalba, P. R. 00766 Participant's Name: Participant's Address: Participant's Email Address: hector negron 5012 @ g mail. com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: Title (if Participant is not an individual) August 12, 2021

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc Pro se Notices of Participation Page 97 of 114

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Haricelys Barbosa Rivera
Participant's Address: PMB 2106 POBOX 6400 Cayey P.R. 00 737
Participant's Email Address: alshinsofia @ hotmail com
Name of Counsel: N/A
Address of Counsel: W/A
Email Address of Counsel: N/A
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 7569 9
Nature of Claim:
By: Abushir
Signature
Maricelys Barbon Rivera Print Name
Print Name
Trint Name
Title (if Participant is not an individual)
12 00 14 2021
Date 10 000

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Clerks Office 150 Au. Carlos Charlon Ste, 150, San Juan P.R 20918-1767



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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc Pro se Notices of Participation Page 99 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: Participant's Email Address: hector nearon 5012 @ amail. com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Signature Title (if Participant is not an individual)

Villalba, p. R. 00766

an Juan, P.R. 009180 1360

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 101 of 114

Participant must provide all of the information below in English:

 Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Boatriz Tresino Haldonati
Participant's Address: UNB Melander Calle B D-26 Fojedo, PA 50738
Participant's Email Address: boater tresia hotmaile com
Name of Counsel: Prime Clerk 22C
Address of Counsel: Grid Gotal Station P. O Box 4708 New York, MY 10163-4708
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 39596
Nature of Claim: Pension Revise Claims
By: Beaty Fourie palebred
Boaton Varino Hallmal
Print Name
Title (if Participant is not an individual)
Date 08/12/2021

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 103 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Duth A. Delgado Guzman	4
Participant's Address:	Round Hill 1216 Azucena Try Mo AHO PL	2
Participant's Email Address:		
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:		
Nature of Claim:	Public Employee	
By: Quth A. Delga Signature	ad Hymán Szer Re Per	7
Print Name	gado Guzman	
Title (if Participant is	~ 6	
14 ago 20 Date	2/	

Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 105 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Delpado Guzman Ruth Angrid
Participant's Address:	Round Hill 1216 Azucena Tryillo Alto, PR
Participant's Email Address:	None
Name of Counsel:	None
Address of Counsel:	None
Email Address of Counsel:	None
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	111207
Nature of Claim:	Public Employee and Vension / Petiree
By: Delgad	2 3160
Signature /	
Ruth Belga	do Single & Total
Print Name	ETC: 6 ED 4
	200 P 80 6
Title (if Participant is a	
August 10, 2	02
Date	

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Participant must provide all of the information below in English:

1. Participant's co	ontact information, including ema		
Participant's Name:	Delbis Les 2109 Gibral	pier S	antiago
Participant's Address:	2109 Gibral	far St, LA	Karubla, Konco, I
Participant's Email Address:	- 1 A		
Name of Counsel:	NA		
Address of Counsel:	NIA		
Email Address of Counsel:	NIA		· ·
2. Participant's C	Claim number and the nature of Pa	rticipant's Claim:	
Claim Number:			
Nature of Claim:	Investment of	# 10,000 1	in the amployee
By: / Whis Signature	dispier het	rement	in the employee system
By: / Whish Signature Delhis Les T Print Name	pier Soutiago	SA.	RECE 2021 Au
		Z S Z	5 K
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Delbis Lespier Urb La Rambla 2109 Calle Gibraltar Ponce, PR 00730-4082

United STATES DISTRICT COLLET

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Ave. CARLOS CHARDIN SIE

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc Pro se Notices of Participation Page 109 of 114

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Participant's contact information, including email address, and that of its counsel,

Participant's Name: Participant's Address: Participant's Email Address: tron@Gol.com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: irement 5 Nature of Claim: Title (if Participant is not an individual) Date

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Case:17-03283-LTS Doc#:17860-1 Filed:08/17/21 Entered:08/17/21 11:24:43 Desc: Pro se Notices of Participation Page 111 of 114

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

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1.

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